



Department of Recreation, Parks & Cultural Activities presents

# SUMMER OF SMILES



Summer Camp  
Registration Form



## Summer 2020

RegisterARPCA@alexandriava.gov

703.746.5414 • alexandriava.gov/Recreation



**CITY OF ALEXANDRIA**  
**Department of Recreation, Parks & Cultural Activities**  
**2020 Summer Camps**



Dear Families,

Welcome to the 2020 Summer of Smiles!

We are excited to be able to offer you this service and it is our goal to make sure that you are satisfied with your experience. Our staff is committed to help participants build character, gain positive experiences and memories that will last a lifetime.

Please take time to read this information thoroughly. The forms necessary for your child's attendance in camp are included.

**Please bring the following forms with you on the first day of camp, if it has not already emailed to camp staff:**

- **2020 Camp Registration Form:** Email completed form to [jamie.aylor@alexandriava.gov](mailto:jamie.aylor@alexandriava.gov) prior to the start of camp.
- **Inhaler/Epipen Authorization Form:** If your camper needs access to an inhaler/epipen during camp hours, please request and complete the form prior to the start of camp.

**3 EASY WAYS TO REGISTER**



**Web**

- Payment by credit card (Visa/MC) or eCheck
- [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation)
- Call 703.746.5414 for assistance



**In-person**

- Varies by location.
- Mon. - Fri. 9am-7pm
- Hosting location during program operating hours



**Mail-In or Drop-Off**

- Mail/Drop-off completed forms and documentation to:  
Lee Center, 1108 Jefferson St.,  
Alexandria, VA 22314.
- Checks payable to "City of Alexandria."
- Allow up to five (5) business days.

Register using any of the above options. See specific camp section in the registration packet for additional information about registration. Register early to secure a space at the camp of your choice.

Items needed for registration:

- Completed/signed registration forms
- Full Payment

Please contact your specific camp section for additional items for registration.

**ADA Accommodations**

The City is committed to compliance with the Americans with Disabilities Act, as amended. To request a reasonable accommodation, contact the Therapeutic Recreation office at 703.746.5535.



**Camps will not be held on July 3rd in observance of Independence Day.**



# SUMMER 2020 POWER-ON/POWER-UP REGISTRATION

Please use blue/black ink.

**Recreation Center Location:** *Select one location.*    \$345 R / \*\$635 NR.

- ☐ Charles Barrett    ☐ Charles Houston\*    ☐ Leonard "Chick" Armstrong    ☐ William Ramsay  
☐ Douglas MacArthur at Hammond MS    ☐ John Adams    ☐ Mount Vernon    ☐ Patrick Henry\*  
☐ Power-Up at George Washington Middle School\* (Entering 6-10 Fall 2020)

**Before Care:** *Select all that apply.*    \$39/week. \$35/week of July 3. Not eligible for Financial Assistance.

- ☐ 6/22-6/26    ☐ 6/29-7/2    ☐ 7/6-7/10    ☐ 7/13-7/17    ☐ 7/20-7/24  
☐ 7/27-7/31    ☐ 8/3-8/7    ☐ 8/10-8/14

## PLEASE PRINT

Name of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Fall Grade Level (2020-21) \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Work Location \_\_\_\_\_

Parent/Guardian Work Address \_\_\_\_\_

Parent/Guardian Work Location \_\_\_\_\_

Parent/Guardian Work Address \_\_\_\_\_

Emergency Contact #1\* \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact #2\* \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Emergency Contacts must be someone other than the parent/guardian and available during program hours.

**My child will regularly arrive/leave the Center by way of:** *Select one.*

- ☐ Walk (Power-On participants in grade level 4 or above with written permission)    ☐ Parent    ☐ Car Pool    ☐ Other \_\_\_\_\_

**Person(s), other than parent/guardian, authorized to pick up child:**

Name # 1 \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name # 2 \_\_\_\_\_ Phone # (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If a parent or other adult is NOT allowed to pick up the child, attach a copy of applicable paperwork such as custody papers.



**MEDICAL/SOCIAL INFORMATION** NAME OF PARTICIPANT \_\_\_\_\_

What is your child's swimming ability?    ☐ No swimming experience    ☐ Beginner    ☐ Can swim length of pool

Does your child have medical conditions we need to be aware of, such as allergies or intolerance to foods, medications?  
\_\_\_\_ Yes \_\_\_\_ No    if the answer is "yes", please explain/describe medical condition:

Please describe action to be taken in an emergency:

Does your child have recent operations or any other pertinent medical information that might require special attention?  
\_\_\_\_ Yes \_\_\_\_ No    if the answer is "yes", please explain:

List prescribed medications your child takes and what the medications are treatment for. NOTE: Recreation staff are NOT authorized to administer medication. This information may be needed in case of a medical emergency that requires treatment.

Medication your child takes:	Medication for treatment of:

Please list any social, behavioral or cognitive challenges your child may have that you believe staff should be aware of:

Please list any accommodations or additional support needed:

The City of Alexandria is committed to compliance with the Americans with Disabilities Act, as amended. To request a reasonable accommodation, contact Jackie Person, Therapeutic Recreation Program Manager, at 703.746.5535 (VA Relay 711) or jackie.person@alexandriava.gov.

Name of Participant's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Insurance Information:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Note: The City of Alexandria does not provide medical insurance for your child. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.

**EMERGENCY TREATMENT STATEMENT & HOLD HARMLESS AGREEMENT**

I give the Department of Recreation, Parks and Cultural Activities, Recreation Services Division, permission to acquire emergency treatment at my expense for the participant named above. In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting various programs, the undersigned realizing the risk of injury attendant to such programs, does hereby and forever discharge the City of Alexandria, Department of Recreation, Parks and Cultural Activities and its officers, agents and employees from any and all action, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned or the undersigned's child while participating in such programs.

SIGNATURE REQUIRED OF PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_



# SUMMER 2020 RULES AND REQUIREMENTS

NAME OF PARTICIPANT \_\_\_\_\_

In order for your child to participate in the 2020 Summer Program, you must understand and comply with all of the following rules and requirements.

*"Parent" also refers to a legal guardian.*



## POWER-ON and POWER-UP PROGRAMS:

- Must be a current resident of the City of Alexandria. Parents must provide two forms of identification to verify address.
- Prior to participation on a field trip, the parent/guardian must fill out and sign a permission slip authorizing their child's participation and pay the required fee.
- Power-On and Power-Up are not licensed child care programs but are based on local standards. Each location's program is planned to be age appropriate and properly supervised. Standards of care are available online at [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation).
- I give the Department of Recreation, Parks and Cultural Activities, Recreation Services Division, permission to acquire emergency treatment, at my expense, for my child.
- I give permission for my child to participate in activities, discussion groups and personal development activities led by professionals as part of the program.
- I consent to the City of Alexandria's use of photographs, film or video, which includes my child in activities sponsored by the Department of Recreation, Parks and Cultural Activities for use in marketing or promotional material.
- I understand that children are expected to respect center staff, program participants, equipment, supplies and facilities. Inappropriate behavior, abusive language, physical altercations, physical/verbal aggression, destruction of property, possession of weapons or other unlawful items and other serious offenses will NOT be tolerated and will require disciplinary action up to and including suspension from the program. Staff will make every effort to work with parents to assist youth with behavior issues affecting their participation in the program.

## POWER-ON PROGRAM:

- Participants enrolled in Power-On are expected to be signed in and out by a parent or authorized adult daily. Although youth in grades 4 or above may be given written permission by a parent to leave the center on their own, it is preferred that children stay throughout the program, 9 a.m. - 5 p.m. Parents are responsible to pick youth up by 6 p.m.

## POWER-UP PROGRAM:

- Youth may participate in Power-Up Program on a voluntary basis. They are expected to sign-in and out daily; however, they are not required to attend, and they may leave the program at any time. Once youth sign out for the afternoon, they may not return that day and must leave school property. Please be certain that your child understands your attendance expectations and the Power-Up sign in/out procedure.

I have read, understand, and agree to abide by the above rules and requirements:

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

SIGNATURE OF PARTICIPANT \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

FINANCIAL ASSISTANCE APPLICATION

DEPARTMENT OF RECREATION, PARKS & CULTURAL ACTIVITIES, 1108 Jefferson Street, Alexandria, Virginia 22314

To be considered for assistance, you must complete the entire application form and return it, with supporting documentation, to the Department of Recreation, Parks and Cultural Activities. If the request is for a class or camp, return with completed registration forms to the Lee Center, Registration & Reservation Office, 1108 Jefferson St., Alexandria, VA 22314 or fax to 703.746.5564. Applicants must demonstrate need in order to receive assistance. If you have questions about this form, please call 703.746.5414 or visit our office.

FORMS MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE START OF THE PROGRAM.  
INCOMPLETE FORMS WILL BE RETURNED.

Participant’s Name \_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain the reason for your request (attach additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Cost: \$ \_\_\_\_\_ Program Name: \_\_\_\_\_

Do you qualify for free/reduced school meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach documentation.
Do you receive SNAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, case number: _____ attach documentation
Do you receive TANF?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, case number: _____ attach documentation

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

☐ Approved ☐ Denied Amount of assistance: % \_\_\_\_\_ \$ \_\_\_\_\_ Amount required to pay \$ \_\_\_\_\_

Comments:

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director/Designee \_\_\_\_\_ Date \_\_\_\_\_

# SUMMER 2020 CAMP INFORMATION

Please visit [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation) to view a full version of Camp Program Standards..

*“Parent” also refers to a legal guardian.*

### HELPFUL HINTS:

- All campers must be signed in and out daily by an adult.
- If swimming is a part of the camp day, please provide: swimsuit/swim trunks, towel, and change of clothes for each day of swimming.
- Camper’s name should be written on their belongings.
- Campers are asked to wear non-restrictive clothing. Open toed shoes, sandals, and flip flops are prohibited except during swim time.
- Camp T-shirts are required for all field trips. T-shirts will be given at the start of each session. If enrolled in multiple sessions, one t-shirt will be issued.
- In case of an emergency, parents/ guardians will be contacted first. All other listed emergencies contacts will be contacted if the parent/guardian(s) are unable to be reached.

### FINANCIAL ASSISTANCE PROCEDURES

To be considered for assistance, the entire Financial Assistance Application form must be completed and returned, with supporting documentation and a completed registration form, to your chosen location or the Lee Center, Registration & Reservation Office, 1108 Jefferson St, Alexandria, VA 22314.

Applicants must demonstrate need in order to receive assistance, including: current free/reduced school meals letter, SNAP documentation, or TANF documentation. Staff will confirm the payment amount with the applicant based on the documentation provided as above.

Any request for fee assistance without the stated documentation or at a level above and beyond the established discount must include an explanation and be approved at the Division Chief level. This process takes additional time and registration in the program will be delayed until approval has been secured.

### REFUNDS (ALL CAMPS)

RPCA’s goal is to ensure patrons and participants are fully satisfied with experiences within our Department. RPCA is authorized to refund monies collected for an activity which is canceled, services that are not provided or does not meet the customer’s expectation. Registrants dissatisfied with a class/ program are encouraged to contact RPCA as soon as possible so that we can make it right. If we are unable to correct the issue, a credit or refund may be issued. Registrants unable to attend a program may request a credit or refund prior to the camp start date.

## OUT OF SCHOOL TIME (OSTP)

Power-On and the Power-Up Program are not licensed child care programs, but are based on local standards approved by Alexandria’s City Attorney and available online at [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation).

Lunch is available for all campers. Breakfast and snack availability vary by location.

**LATE FEES:** Parents will be assessed a \$10 late fee for every 15 minutes that the child is cared for after the program has closed.

### ITEMS NEEDED FOR REGISTRATION:

- Copy of child’s “Proof of age” (birth certificate, passport or other official document) *for viewing purposes only.*
- 2 forms of proof of City residency (1 photo ID).

Summer Program	Cost
Resident	\$345
Resident with Free & Reduced Lunch	\$207
Resident with SNAP	\$172.50
Resident with TANF	\$103.50
Non-Resident	\$635

**Extra Fun Weeks: Aug. 17 - Sept. 4/ \$75 per session.**  
See back cover for more information.

## CAMP ADVENTURE

Lunch and snack are provided.

**LATE FEES:** Parents will be assessed a \$10 late fee for every 15 minutes that the child is cared for after the program has closed.

## ALEX FUN & SPECIALTY CAMP

Lunch is not provided. Campers must bring a bag lunch with two snacks and water bottle daily. Glass containers are prohibited.





## Alex Fun Sports Camp

Ages 6-12 • Mon.-Fri. 9 a.m. - 4 p.m.  
Chinquapin Park Recreation Center  
& Aquatics Facility, 3210 King St.  
Oswald Durant Center, 1605 Cameron St.

Week 1 June 22-26	Basketball
Week 2 June 29 - July 2	Tennis
Week 3 July 6-10	Baseball
Week 4 July 13-17	Track & Field
Week 5 July 20-24	Soccer
Week 6 July 27-31	Baseball
Week 7 Aug. 3-7	Basketball

Swimming takes place Tuesdays-Fridays.



## Alex Fun Counselor In Training

Ages 13-16 • Mon.-Fri. 8:30 a.m. - 4:30 p.m.

Chinquapin Park Recreation Center & Aquatics Facility, 3210 King St.  
George Mason Elementary School, 2601 Cameron Mills Rd.  
Oswald Durant Center, 1605 Cameron St.

## Alex Fun Gap Camp

Ages 6-16 • Mon.-Fri. 9 a.m. - 4 p.m.  
Oswald Durant Center, 1605 Cameron St.

Week 9 Aug. 17-21

Week 10 Aug. 24-28

## Alex Fun Day Camp

Ages 6-12 • Mon.-Fri. 9 a.m. - 4 p.m.  
George Mason Elementary School,  
2601 Cameron Mills Rd.

## Important Alex Fun Camps Information

- All campers must be signed in and out daily by an adult.
- Lunch is not provided. Campers must bring a bag lunch with two snacks daily. Glass containers are prohibited.
- Camp is NOT responsible for any lost or stolen toys/electronics. Bring these items at your own risk. They are not to be visible during the camp day.
- There will be no camp Friday, July 3 in honor of Independence Day.

## Out of School Time

### Extra Fun Weeks

Ages 6-12 • Mon.-Fri. 9 a.m. - 6 p.m.  
\$75 per session

Charles Houston Recreation Center  
901 Wythe St.

Leonard "Chick" Armstrong Recreation Center  
25 West Reed Ave.

Patrick Henry Recreation Center  
4653 Taney Ave.

Aug. 17-21

Aug. 24-28

Aug. 31 - Sept. 4